

MONTANA PRESCRIPTION DRUG REGISTRY

MONTANA BOARD OF PHARMACY

P.O. Box 200513 (301 S. Park, 4th Floor – Delivery) Helena, MT 59620-0513

Phone: (406) 841-2240 Fax: (406) 841-2344 TTD: (406) 444-0532

EMAIL: dlibsdpdr@mt.gov WEBSITE: www.pharmacy.mt.gov



INDIVIDUAL REQUEST FOR INFORMATION

INSTRUCTIONS:

Any individual may request a report of their own information from the Montana Prescription Drug Registry (MPDR). Individuals are not allowed to view anyone else's MPDR data, only their own. To obtain a report from the MPDR, an individual must:

1. Fill out this Request Form / Confidentiality Agreement.
2. Appear in person at the MPDR office at 301 S. Park Ave., 4th Floor, Helena, MT, between 8:00 AM and 5:00 PM, Monday through Friday. Present your Request Form and proof of identification (your driver's license, passport or other government-issued photo identification).

OR

2. Submit a notarized copy of this form to us via fax to 406-841-2344 or via email to dlibsdpdr@mt.gov.

You will receive a report of all of your own personal prescription purchases which have been reported to the MPDR. This is your own healthcare-related information, and you are free to share or not share this information as you wish.

PERSONAL INFORMATION:

Please print or type.

First Name: _____ Last Name: _____ Date of Birth: _____

Home Address: _____

City, State, Zip: _____

Personal Email Address: _____ Home phone: _____

PREFERRED METHOD OF REPORTING:

How would you like to receive the information you are requesting? Please check all options that apply:

☐ Paper report hand-delivered to me at the MPDR office.

☐ Paper report mailed to my home address (a signature will be required upon receipt).

☐ Digital report delivered to my personal email address.

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TERMS OF USE AND CONFIDENTIALITY AGREEMENT:

Read and initial the following statement:

___ I understand that I am solely responsible for the security and confidentiality of reports available to me.

I hereby attest that all information contained in this request form is accurate and complete.

Signature: _____ Date: _____

Print Name: _____

NOTARY STATEMENT:

State of _____, County of _____

Signed and sworn to (or affirmed) before me on _____
(date)

by _____
(Name of Person)

who presented the following government-issued identification to me: _____

(list the type of ID presented [i.e., driver's license, etc.] and the identification number contained on that ID)

Notary Signature: _____

Name (typed, printed or stamped): _____

Title: _____

Residing at: _____ My commission expires: _____

FOR USE BY MPDR STAFF ONLY:

Date Request Received: _____ ID Verified by: _____

Identification Submitted: Document Number: _____

___ Driver's License (Issuing State: ___) ___ Passport ___ Other: _____

Request Approved: ___ Yes ___ No Denial Reason: _____

Report Created By / Date: _____

Notes: